

ATTACHMENT "A"

INSURANCE REQUIREMENTS

The contractor shall obtain and maintain in current status, the following coverage:

GENERAL LIABILITY:

Commercial General Liability with limits not less than \$2,000,000 combined single limit, covering both bodily injury (including death) and property damage.

AUTO LIABILITY:

Limits not less than \$500,000 each accident, bodily injury and property damage combined.

WORKER'S COMPENSATION, EMPLOYER'S LIABILITY, AND STATE DISABILITY INSURANCE:

Must comply with all statutory regulations in the state where the work is being done. Each policy shall contain a cross liability endorsement. In all case, the contractor's insurance shall be primary. All notification of reduction/cancellation of limits/coverage shall be in writing with thirty (30) days of change.

PRIMARY WORDING:

The following wording shall be provided in Description section of certificate:

The coverage under this policy is primary insurance with regard to work performed by or at the direction of _____ [insert name of Contractor].

ADDITIONAL INSURED WORDING

THE FOLLOWING WORDING SHALL BE PROVIDED USING THE ISO FORM CG 20 10 ENDORSEMENT, OR ITS MANUSCRIPT EQUIVALENT:

It is agreed that the City of Sacramento, the State of California Department of General Services Real Estate Services Division, the State of California Environmental Protection Agency, Thomas Properties Group L.P., a Maryland limited partnership, and their respective members, managers, partners, officers, directors, affiliates, agents and employees are additional insureds.

CERTIFICATE HOLDER SHOULD READ AS FOLLOWS:

Thomas Properties Group L.P.
1001 "I" Street, Suite 100
Sacramento, CA 95814

Please fax Certificates of Insurance to:

Thomas Properties Group
916/447-1794

Please also mail hard copy to address listed above.

POLICY NUMBER:

COMMERCIAL GENERAL LIABILITY

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED – OWNERS, LESSEES or CONTRACTORS (FORM B)

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Name of Person or Organization:

Thomas Properties Group
1001 "I" Street
Sacramento, CA 95814

(If no entry appears above, information required to complete this endorsement will be shown in the Declarations as applicable to this endorsement.)

WHO IS AN INSURED (Section II) is amended to include as an insured the person or organization shown in the Schedule, but only with respect to liability arising out of "your work" for that insured by you.

It is agreed that the City of Sacramento, the State of California Department of General Services Real Estate Services Division, the State of California Environmental Protection Agency, Thomas Properties Group L.P., a Maryland limited partnership, and their respective members, managers, partners, officers, directors, affiliates, agents and employees are additional insureds. The coverage under this policy is primary insurance with regard to work performed by or at the direction of _____.
(Your company name here)

SAMPLE